

TO THE EDITOR:

Li S, Qi M, Yuan W, et al. The Impact of the Depression and Anxiety on Prognosis of Cervical Total Disc Replacement. *Spine (Phila Pa 1976)* 2015;40(5):E266–71.

Although generally agreeing with the authors' conclusions,¹ their study was not designed to answer prognostic questions of depression and anxiety and the clinical outcome after cervical total disc replacement, nor does it allow "to identify the risk factors influencing the patient's psychological status and their predictive value to the prognosis." Instead, the study simply assesses the correlation between selected parameters preoperatively and at 2-year follow-up. A multivariable analysis controlling for baseline status and surgical characteristics would be the method of choice to answer prognostic questions.

According to the authors, there have been "no previous studies on the effects of depressive and anxiety on the cervical total disc replacement outcome...." We respectfully disagree, as the study by Schluessmann *et al*² demonstrated that pharmacologically treated depression is an independent risk factor inhibiting a clinically relevant pain improvement.

The "significant relationship" between psychological state and SF-36 scores was drawn from relatively low *r*-coefficients of 0.38 and 0.35. Moreover, the authors suggest that "neck pain and a low quality of life were two risk factors for depression and anxiety...." Hence, the study rationale seems to be turned upside down and the term "risk factor" used inadequately.

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References

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2. Schluessmann E, Aghayev E, Staub L, et al. SWISSpine: the case of a governmentally required HTA-registry for total disc arthroplasty: results of cervical disc prostheses. *Spine (Phila Pa 1976)* 2010;35:E1397–1405. doi: 10.1097/BRS.0b013e3181e0e871.

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